

(R)-Prunasin

sc-208252



The Power is Question

Material Safety Data Sheet

Hazard Alert Code
Key:

EXTREME

HIGH

MODERATE

LOW

Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

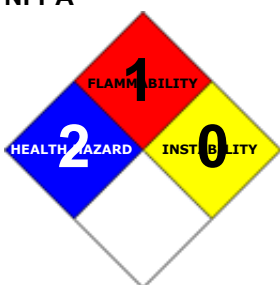
PRODUCT NAME

(R)-Prunasin

STATEMENT OF HAZARDOUS NATURE

CONSIDERED A HAZARDOUS SUBSTANCE ACCORDING TO OSHA 29 CFR 1910.1200.

NFPA



SUPPLIER

Company: Santa Cruz Biotechnology, Inc.

Address:

2145 Delaware Ave

Santa Cruz, CA 95060

Telephone: 800.457.3801 or 831.457.3800

Emergency Tel: CHEMWATCH: From within the US and

Canada: 877-715-9305

Emergency Tel: From outside the US and Canada: +800 2436

2255 (1-800-CHEMCALL) or call +613 9573 3112

PRODUCT USE

■ Intermediate. Extracted from wild cherry bark (*Prunus laurocerasus* L.) and other botanicals.

SYNONYMS

C14-H17-N-O6, C14-H17-N-O6, "benzeneacetonitrile, alpha-(beta-D-glucopyranosyloxy)-, (R)-", "benzeneacetonitrile, alpha-(beta-D-glucopyranosyloxy)-, (R)-", (R)-alpha-(beta-D-glucopyranosyloxy)benzeneacetonitrile, (R)-alpha-(beta-D-glucopyranosyloxy)benzeneacetonitrile, D-mandelonitrile-beta-D-glucoside, D-mandelonitrile-beta-D-glucoside, D-prunasin, D-prunasin, (R)-prunasin, "cyanogenic glycoside"

Section 2 - HAZARDS IDENTIFICATION

CANADIAN WHMIS SYMBOLS



EMERGENCY OVERVIEW

RISK

Contact with acids liberates very toxic gas.

POTENTIAL HEALTH EFFECTS

ACUTE HEALTH EFFECTS

SWALLOWED

■ Although ingestion is not thought to produce harmful effects, the material may still be damaging to the health of the individual following ingestion, especially where pre-existing organ (e.g. liver, kidney) damage is evident. Present definitions of harmful or

toxic substances are generally based on doses producing mortality (death) rather than those producing morbidity (disease, ill-health). Gastrointestinal tract discomfort may produce nausea and vomiting. In an occupational setting however, ingestion of insignificant quantities is not thought to be cause for concern.

■ Cyanide intoxication, from cyanogenic glycosides, is common in tropical regions and is associated with motor-neuron diseases such as "konzo" and "mantekassa". Toxic effects are especially evident when foods or treatments, containing these cyanogens, are taken concurrently with foods containing high levels of the beta-glucosidase enzymes (such as the seeds of apples and pears). The potential toxicity of a cyanogenic plant depends primarily on its capacity to produce hydrogen cyanide at concentrations toxic to humans and animals. The release of hydrogen cyanide can occur either maceration of the plant material - this activates the intracellular beta-glucosidase which in turn hydrolyses glycoside - or by hydrolysis of glycoside by the microflora of the gut. Intestinal microflora, in the rat, are capable of releasing cyanide from cyanogenic glycosides such as amygdalin (and other mandelonitrile glycosides), and it is probable that this mechanism accounts for the (up to) 40-fold toxic effect when these substances are administered by mouth (or other enteral routes - per os, enemas, suppositories) compared to the intravenous route. Symptoms of cyanide poisoning may be delayed compared to that of inorganic cyanides.

■ Cyanide poisoning can cause increased saliva output, nausea without vomiting, anxiety, confusion, vertigo, dizziness, stiffness of the lower jaw, convulsions, spasm, paralysis, coma and irregular heartbeat, and stimulation of breathing followed by failure. Often the skin becomes cyanosed (blue-gray), and this is often delayed. Doses which are not lethal are eventually excreted in the urine.

EYE

■ Although the material is not thought to be an irritant, direct contact with the eye may produce transient discomfort characterized by tearing or conjunctival redness (as with windburn).

SKIN

■ Skin contact with the material may damage the health of the individual; systemic effects may result following absorption.

■ The material is not thought to be a skin irritant (as classified using animal models). Temporary discomfort, however, may result from prolonged dermal exposures. Good hygiene practice requires that exposure be kept to a minimum and that suitable gloves be used in an occupational setting.

■ Open cuts, abraded or irritated skin should not be exposed to this material.

■ Toxic effects may result from skin absorption.

INHALED

■ The material is not thought to produce respiratory irritation (as classified using animal models). Nevertheless inhalation of the material, especially for prolonged periods, may produce respiratory discomfort and occasionally, distress.

■ Persons with impaired respiratory function, airway diseases and conditions such as emphysema or chronic bronchitis, may incur further disability if excessive concentrations of particulate are inhaled.

CHRONIC HEALTH EFFECTS

■ Principal routes of exposure are by accidental skin and eye contact and inhalation of generated dusts.

There are grounds to suspect that cyanogenic glycoside-contaminated foodstuffs, such as cassava and pulses, are directly implicated in acute and chronic cyanide toxicity.

Symptoms of chronic cyanide poisoning include headache, vertigo, tinnitus, nausea, vomiting and tremors. These symptoms tend to be transitory and exposure to fresh air generally results in recovery.

On the basis of epidemiological observations, associations have been made between chronic exposure to cyanogenic glycosides and diseases such as goitre, spastic paraparesis, and tropical ataxic neuropathy. However these observations are confounded by nutritional deficiencies, and causal relationships have not been definitely established.

It appears that chronic cyanide intoxication, resulting from intake of foods containing these glycosides, in combination with deficient intake of riboflavin and/ or a poor quality of protein, and hence methionine deficiency is/ are responsible.

Epidemiological and experimental studies show that cyanogenic glycosides in food products play an important role in the development of goitre. Thiocyanate, the detoxification product of hydrogen cyanide derived from cyanogenic products, is responsible for interference with thyroid function. Studies on endemic goitre in Africa have identified iodine deficiency and the antithyroid activity of cyanogenic cassava diets, as major etiological factors of the disease. Cretinism has also been identified amongst the off-spring of women exposed to a diet of insufficiently processed cassava. This effect is also caused by metabolic thiocyanate. Such findings occur in individuals who are also subject to low dietary intake of iodine - this is a common dietary constraint in many Africans.




Another study which evaluates the possible association of high cyanide and low sulfur intake in cassava-induced spastic paraparesis (SP) was conducted in Mozambique. The study concluded that where dietary intake of sulfur-containing amino acids was low, the incidence of SP was high in those individuals whose diet was largely cassava-based. Sulfur-containing amino acids are essential for the detoxification of cyanide.

In Nigeria, chronic cyanide intoxication is caused by the consumption of a cassava diet. A lack of dietary riboflavin (Vitamin B2) has been associated with the development of tropical (ataxia) neuropathy (TAN) amongst individuals whose diet is largely cassava dependent. The essential neurological components of the disease are myelopathy, bilateral optic atrophy, perceptive deafness and polyneuropathy. The initial and most common symptoms consist of various forms of paraesthesia and dysaesthesia, usually starting in the distal portion of the lower limbs. In about a third of patients, stomatoglossitis is present. Additionally symptoms include motor neurone disease, Parkinson's disease, cerebellar degeneration, psychosis and dementia. A high prevalence of goitre is also seen in populations with a high incidence of TAN.

Chronic exposure to cyanides and certain nitriles may result in interference to iodine uptake by thyroid gland and its consequent enlargement. This occurs following metabolic conversion of the cyanide moiety to thiocyanate. Thyroid insufficiency may also occur as a result of metabolic conversion of cyanides to the corresponding thiocyanate. Exposure to small amounts of cyanide compounds over long periods are reported to cause loss of appetite, headache, weakness, nausea, dizziness, abdominal pain, changes in taste and smell, muscle cramps, weight loss, flushing of the face, persistent runny nose and irritation of the upper respiratory tract and eyes. These symptoms are not specific to cyanide exposure and therefore the existence of a chronic cyanide toxicity remains speculative. Repeated minor contact with cyanides produce a characteristic rash with itching, papules (small, superficial raised spots on the skin) and possible sensitization. Concerns have been expressed that low-level, long term exposures may result in damage to the nerves of the eye.

Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS

HAZARD RATINGS

	Min	Max
Flammability:	1	
Toxicity:	2	
Body Contact:	2	

Min/Nil=0
Low=1



Reactivity: 0  Low=1
 Chronic: 2  Moderate=2
 High=3
 Extreme=4



NAME	CAS RN	%
prunasin	99-18-3	>98

Section 4 - FIRST AID MEASURES

SWALLOWED

■ **IMPORTANT: ESTABLISH A FIRST AID PLAN BEFORE WORKING WITH CYANIDES. ANTIDOTES SHOULD BE AVAILABLE ON SITE.**

- Prompt response in an emergency is vital.
- All workers are to be trained and refresher trained in procedures.
- Rescuers might need the protection of breathing apparatus where there is the potential of exposure to airborne cyanide.
- Use the buddy system and avoid becoming a casualty.

In all cases of cyanide exposure get medical help urgently after administering first aid. For cyanide poisonings by any route:

- Contact Poisons Advisory Center or a doctor.
- Seek immediate medical attention.
- Place casualty in coma position.
- Give oxygen when available.
- Consider external cardiac compression, mechanical resuscitation and use of antidote kit.

If breathing stops mouth-to-mouth resuscitation (also called expired air resuscitation - EAR) may be given only as a last resort. Should such resort prove necessary, first wash the casualty's mouth and lips. A first aid attendant giving EAR must not inhale the expired air of the casualty. US Practice as employed by DuPont:- FIRST AID Swallowed/ Inhaled /Skin Contact

- If no symptoms, no treatment is necessary; decontaminate patient.
- If conscious but with symptoms present (nausea, shortness of breath, dizziness) give oxygen.
- If consciousness is impaired (slurred speech, drowsiness) give oxygen and amyl nitrite.
- If unconscious but breathing, give oxygen and amyl nitrite by means of a respirator. To give amyl nitrite, break an ampoule in a cloth and insert into lip of mask for 15 seconds, then take away for 15 seconds. Repeat 5-6 times.

First Aid Supplies for cyanide poisoning should be conveniently placed throughout cyanide areas and should be IMMEDIATELY accessible at all times. They should be routinely inspected (typically daily) by people who would use them in an emergency. The total numbers of any item listed below should be adequate to handle the largest number of exposure cases that can reasonably be anticipated, taking into account that some supplies may be wasted, destroyed or inaccessible during an emergency. Oxygen Resuscitators - The Flynn Series III Model from O-Two Systems has been found satisfactory, being lightweight, rugged and easy to use. Amyl Nitrite Ampoules - One box of one dozen ampoules per station is usually satisfactory. Stations should be located throughout the cyanide area. CAUTION: Amyl nitrite is not stable and must be replaced every 1 to 2 years. Store in the original dated box away from heat. (can be stored with the resuscitator). Avoid storage on vehicles where cabin temperatures can reach 60 deg. C. Storage in high temperature climates may require replacement before the expiry date on the box. Also avoid excessive cold storage which may limit the vapor pressure and reduce its evaporating property. Kits and amyl nitrite should be accessible, but secured against tampering or theft (an increase in the use of nitrite "poppers", as aphrodisiacs, introduces substance abuse concerns). A set of cyanide first aid instructions should be located at each amyl nitrite storage location. Workers should be fully trained since in real emergency situations there will be insufficient time to "read the book". Notes on the use of amyl nitrite:-

- AN is highly volatile and flammable - do not smoke or use around a source of ignition.
- If treating patient in a windy or draughty area provide some shelter or protection (shirt, wall, drum, cupped hand etc.) to prevent amyl nitrite vapor from being blown away. Keep ampoule upwind from the nose, the objective is to get amyl nitrite into the patient's lungs.
- Rescuers should avoid AN inhalation to avoid becoming dizzy and losing competence.
- Lay the patient down. Since AN dilates blood vessels and lowers blood pressure, lying down will help keep the patient conscious.
- DO NOT overuse - excessive use might put the patient into shock.
- Vasodilatory effects of amyl nitrate may promote fatal cardiac arrhythmias (particularly if the patient is not really poisoned by cyanide).
- the role of amyl nitrate as a competitive inducer of methemoglobin in the blood stream is highly variable and, alone, may produce levels of methemoglobin as low as 5% only.

Experience at DuPont plants has not shown any serious after-effects from treatment with amyl nitrite.

EYE

- If this product comes in contact with the eyes:
 - Immediately hold eyelids apart and flush the eye continuously with running water.
 - Continue flushing until advised to stop by the Poisons Information Center or a doctor, or for at least 15 minutes.
 - Ensure complete irrigation of the eye by keeping eyelids apart and away from eye and moving the eyelids by occasionally lifting the upper and lower lids.
 - Seek medical attention without delay.

SKIN

- If skin or hair contact occurs:
 - Quickly but gently, wipe material off skin with a dry, clean cloth.
 - Immediately remove all contaminated clothing, including footwear.
 - Wash skin and hair with running water. Continue flushing with water until advised to stop by the Poisons Information Center.
 - Transport to hospital, or doctor.

INHALED

- - If inhaled, remove from contaminated area.
 - Prosthesis such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures.
 - Give oxygen and, if necessary, artificial respiration preferably with a demand valve resuscitator, bag-valve mask device, or pocket mask as trained. Perform CPR if necessary.
 - Remove contaminated clothing and wash contaminated skin thoroughly.

- Get to a hospital or doctor quickly.

NOTES TO PHYSICIAN

■ Perhaps cyanide is released slowly from cyanogenic glycosides, such as amygdalin. The course of intoxication may be protracted necessitating repeated course of therapy. In the event, it is safer and more efficient to repeat injections of thiosulfate and not nitrite.

GOSSELIN, SMITH & HODGE: Clinical Toxicology of Commercial Products, 5th Ed.

- Signs symptoms of acute cyanide poisoning reflect cellular hypoxia and are often non-specific.
- Cyanosis may be a late finding.
- A bradycardia, hypertensive and tachypneic patient suggests poisoning especially if CNS and cardiovascular depression subsequently occurs.
- Immediate attention should be directed towards assisted ventilation, administration of 100% oxygen, insertion of intravenous lines and institution of cardiac monitoring.
- Obtain an arterial blood gas immediately and correct any severe metabolic acidosis (pH below 7.15).
- Mildly symptomatic patients generally require supportive care alone. Nitrites should not be given indiscriminately - in all cases of moderate to severe poisoning, they should be given in conjunction with thiosulfate. As a temporizing measure supply amyl nitrite perles (0.2ml inhaled 30 seconds every minute) until intravenous lines for sodium nitrite are established. 10 ml of a 3% solution is administered over 4 minutes to produce 20% methemoglobin in adults. Follow directly with 50 ml of 25% sodium thiosulfate, at the same rate, IV. If symptoms reappear or persist within 1/2-1 hour, repeat nitrite and thiosulfate at 50% of initial dose. As the mode of action involves the metabolic conversion of the thiosulfate to thiocyanate, renal failure may enhance thiocyanate toxicity.
- Methylene blue is not an antidote. [Ellenhorn and Barceloux: Medical Toxicology]

If amyl nitrite intervention is employed then Medical Treatment Kits should contain the following:

- One box containing one dozen amyl nitrite ampoules
- Two sterile ampoules of sodium nitrite solution (10 mL of a 3% solution in each)
- Two sterile ampoules of sodium thiosulfate solution (50 mL of a 25% solution in each)
- One 10 mL sterile syringe. One 50 mL sterile syringe. Two sterile intravenous needles. One tourniquet.
- One dozen gauze pads.
- Latex gloves
- A "Biohazard" bag for disposal of bloody/contaminated equipment.
- A set of cyanide instructions on first aid and medical treatment.

- Notes on the use of amyl nitrite:-

- AN is highly volatile and flammable - do not smoke or use around a source of ignition.
- If treating patient in a windy or draughty area provide some shelter or protection (shirt, wall, drum, cupped hand etc.) to prevent amyl nitrite vapor from being blown away. Keep ampoule upwind from the nose, the objective is to get amyl nitrite into the patient's lungs.
- Rescuers should avoid AN inhalation to avoid becoming dizzy and losing competence.
- Lay the patient down. Since AN dilates blood vessels and lowers blood pressure, lying down will help keep patient conscious.
- DO NOT overuse - excessive use might put the patient into shock. Experience at DuPont plants has not shown any serious after-effects from treatment with amyl nitrite.

ADDITIONAL NOTES:

- Major medical treatment procedures may vary e.g. US (FDA method as recommended by DuPont) uses amyl nitrite as a methemoglobin generator, followed by treatment with sodium nitrite and then sodium thiosulfate.

MODES OF ACTION: Amyl nitrite (AN) reacts with hemoglobin (HB) to form about 5% methemoglobin (MHB). Sodium nitrite (NaNO₂) reacts with hemoglobin to form approximately 20-30% methemoglobin. Methemoglobin attracts cyanide ions (CN) from tissue and binds with them to become cyanmethemoglobin (CNMHB). Sodium thiosulfate (Na₂S₂O₃) converts cyanmethemoglobin to thiocyanate (HSCN) which is excreted by the kidneys. i.e. AN + HB = MHB NaNO₂ + HB = MHB CN + MHB = CNMHB Na₂S₂O₃ + CNMHB + O₂ = HSCN

- The administration of the antidote salts is intravenous in normal saline, Ringers lactate or other available IV fluid.

Section 5 - FIRE FIGHTING MEASURES

Upper Explosive Limit (%): Not available.

Specific Gravity (water=1): Not available

Lower Explosive Limit (%): Not available

Relative Vapor Density (air=1): >1

EXTINGUISHING MEDIA

-
- Water spray or fog.
- Foam.
- Dry chemical powder.
- BCF (where regulations permit).
- Carbon dioxide.

FIRE FIGHTING

- Alert Emergency Responders and tell them location and nature of hazard.
- Wear full body protective clothing with breathing apparatus.
- Prevent, by any means available, spillage from entering drains or water courses.

Cool fire exposed containers with water spray from a protected location.

Fight fire from a safe distance, with adequate cover.

GENERAL FIRE HAZARDS/HAZARDOUS COMBUSTIBLE PRODUCTS

-
- Solid which exhibits difficult combustion or is difficult to ignite.
- Avoid generating dust, particularly clouds of dust in a confined or unventilated space as dusts may form an explosive mixture with air, and any source of ignition, i.e. flame or spark, will cause fire or explosion. Dust clouds generated by the fine grinding of the solid are a particular hazard; accumulations of fine dust may burn rapidly and fiercely if ignited.
- Dry dust can be charged electrostatically by turbulence, pneumatic transport, pouring, in exhaust ducts and during

transport.

- Build-up of electrostatic charge may be prevented by bonding and grounding.
- Powder handling equipment such as dust collectors, dryers and mills may require additional protection measures such as explosion venting.

Combustion products include: carbon monoxide (CO) and nitrogen oxides (NOx).

PERSONAL PROTECTION

Glasses:

Safety Glasses.

Gloves:

Respirator:

Particulate

Section 6 - ACCIDENTAL RELEASE MEASURES

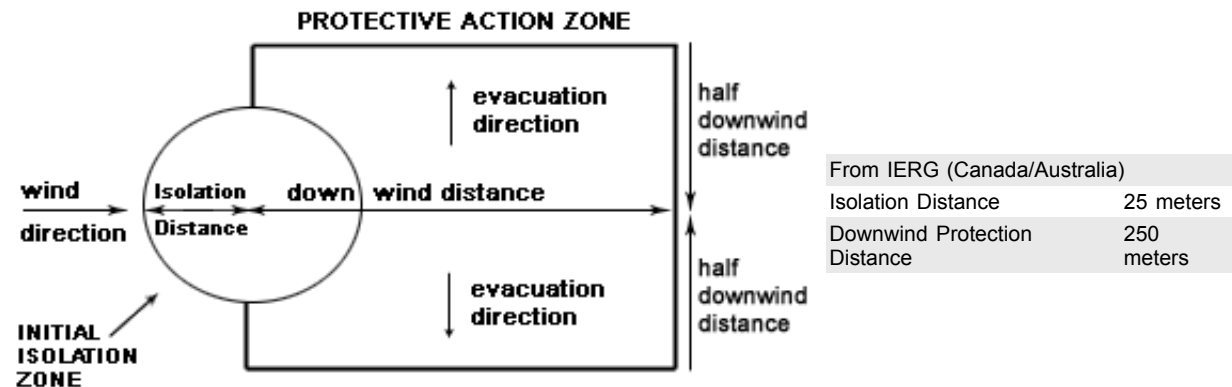
MINOR SPILLS

- Clean up all spills immediately.
- Avoid contact with skin and eyes.
- Wear impervious gloves and safety glasses.
- Use dry clean up procedures and avoid generating dust.
- Sweep up or vacuum up (consider explosion-proof machines designed to be grounded during storage and use).
- Place spilled material in clean, dry, sealable, labeled container.

MAJOR SPILLS

- Clear area of personnel and move upwind.
- Alert Emergency Responders and tell them location and nature of hazard.
- Wear full body protective clothing with breathing apparatus.
- Prevent, by any means available, spillage from entering drains or water course.
- Consider evacuation.
- Stop leak if safe to do so.
- Contain spill with sand, earth or vermiculite.
- Collect recoverable product into labeled containers for recycling.
- Neutralize/decontaminate residue.
- Collect solid residues and seal in labeled drums for disposal.
- Wash area and prevent runoff into drains.
- After clean up operations, decontaminate and launder all protective clothing and equipment before storing and re-using.
- If contamination of drains or waterways occurs, advise emergency services.

PROTECTIVE ACTIONS FOR SPILL



FOOTNOTES

1 PROTECTIVE ACTION ZONE is defined as the area in which people are at risk of harmful exposure. This zone assumes that random changes in wind direction confines the vapour plume to an area within 30 degrees on either side of the predominant wind direction, resulting in a crosswind protective action distance equal to the downwind protective action distance.

2 PROTECTIVE ACTIONS should be initiated to the extent possible, beginning with those closest to the spill and working away from the site in the downwind direction. Within the protective action zone a level of vapour concentration may exist resulting in nearly all unprotected persons becoming incapacitated and unable to take protective action and/or incurring serious or irreversible health effects.

3 INITIAL ISOLATION ZONE is determined as an area, including upwind of the incident, within which a high probability of localised wind reversal may expose nearly all persons without appropriate protection to life-threatening concentrations of the material.

4 SMALL SPILLS involve a leaking package of 200 litres (55 US gallons) or less, such as a drum (jerrican or box with inner containers). Larger packages leaking less than 200 litres and compressed gas leaking from a small cylinder are also considered "small spills". LARGE SPILLS involve many small leaking packages or a leaking package of greater than 200 litres, such as a cargo tank, portable tank or a "one-tonne" compressed gas cylinder.

5 Guide 154 is taken from the US DOT emergency response guide book.

6 IERG information is derived from CANUTEC - Transport Canada.

ACUTE EXPOSURE GUIDELINE LEVELS (AEGL) (in ppm)

AEGL 1: The airborne concentration of a substance above which it is predicted that the general population, including susceptible individuals, could experience notable discomfort, irritation, or certain asymptomatic nonsensory effects. However, the effects are not disabling and are transient and reversible upon cessation of exposure.

AEGL 2: The airborne concentration of a substance above which it is predicted that the general population, including susceptible individuals, could

experience irreversible or other serious, long-lasting adverse health effects or an impaired ability to escape.
 AEGL 3: The airborne concentration of a substance above which it is predicted that the general population, including susceptible individuals, could experience life-threatening health effects or death.

Section 7 - HANDLING AND STORAGE

PROCEDURE FOR HANDLING

-
- Limit all unnecessary personal contact.
- Wear protective clothing when risk of exposure occurs.
- Use in a well-ventilated area.
- When handling DO NOT eat, drink or smoke.
- Always wash hands with soap and water after handling.
- Avoid physical damage to containers.
- Use good occupational work practice.
- Observe manufacturer's storing and handling recommendations.

RECOMMENDED STORAGE METHODS

- Glass container.
- Plastic container.
- Plastic drum.
- Polylined drum.
- Packaging as recommended by manufacturer.
- Check that containers are clearly labeled

STORAGE REQUIREMENTS

- Observe manufacturer's storing and handling recommendations.
- Store in original containers.
- Store away from sources of heat or ignition / naked lights.
- Store in a cool, dry place.
- Store away from incompatible materials.
- DO NOT store near acids, or oxidizing agents.
- Keep containers securely sealed
- Check regularly for spills and leaks.

SAFE STORAGE WITH OTHER CLASSIFIED CHEMICALS



X: Must not be stored together
 O: May be stored together with specific preventions
 +: May be stored together

Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

EXPOSURE CONTROLS

Source	Material	TWA ppm	TWA mg/m³	STEL ppm	STEL mg/m³	Peak ppm	Peak mg/m³	TWA F/CC	Notes
US - Oregon Permissible Exposure Limits (Z3)	prunasin (Inert or Nuisance Dust: (d) Total dust)		10						*
US OSHA Permissible Exposure Levels (PELs) - Table Z3	prunasin (Inert or Nuisance Dust: (d) Respirable fraction)		5						
US OSHA Permissible Exposure Levels (PELs) - Table Z3	prunasin (Inert or Nuisance Dust: (d) Total dust)		15						
US - Hawaii Air Contaminant Limits	prunasin (Particulates not otherwise regulated - Total dust)		10						
US - Hawaii Air Contaminant Limits	prunasin (Particulates not otherwise regulated - Respirable fraction)		5						
US - Oregon Permissible Exposure Limits (Z3)	prunasin (Inert or Nuisance Dust: (d) Respirable fraction)		5						*
US - Tennessee Occupational Exposure Limits - Limits For Air Contaminants	prunasin (Particulates not otherwise regulated Respirable fraction)		5						
US - Wyoming Toxic and Hazardous Substances Table Z1 Limits for Air Contaminants	prunasin (Particulates not otherwise regulated (PNOR)(f)-Respirable fraction)		5						

MATERIAL DATA

PRUNASIN:

■ These "dusts" have little adverse effect on the lungs and do not produce toxic effects or organic disease. Although there is no dust which does not evoke some cellular response at sufficiently high concentrations, the cellular response caused by P.N.O.C.s has the following characteristics:

- the architecture of the air spaces remain intact,
- scar tissue (collagen) is not synthesised to any degree,
- tissue reaction is potentially reversible.

Extensive concentrations of P.N.O.C.s may:

- seriously reduce visibility,
- cause unpleasant deposits in the eyes, ears and nasal passages,
- contribute to skin or mucous membrane injury by chemical or mechanical action, per se, or by the rigorous skin cleansing procedures necessary for their removal. [ACGIH]

This limit does not apply:

- to brief exposures to higher concentrations
- nor does it apply to those substances that may cause physiological impairment at lower concentrations but for which a TLV has as yet to be determined.

This exposure standard applies to particles which

- are insoluble or poorly soluble* in water or, preferably, in aqueous lung fluid (if data is available) and
- have a low toxicity (i.e.. are not cytotoxic, genotoxic, or otherwise chemically reactive with lung tissue, and do not emit ionizing radiation, cause immune sensitization, or cause toxic effects other than by inflammation or by a mechanism of lung overload)

PERSONAL PROTECTION



Consult your EHS staff for recommendations

EYE

-
- Safety glasses.
- Safety glasses with side shields.
- Chemical goggles.
- Contact lenses pose a special hazard; soft lenses may absorb irritants and all lenses concentrate them.

HANDS/FEET

-
- Impervious gloves
- Rubber gloves

Rubber boots.

OTHER

-
- Eyewash unit.

Overalls.

Laboratory coat.

Rubber apron.

RESPIRATOR

Protection Factor	Half-Face Respirator	Full-Face Respirator	Powered Air Respirator
10 x PEL	P1	-	PAPR-P1
	Air-line*	-	-
50 x PEL	Air-line**	P2	PAPR-P2
100 x PEL	-	P3	-
		Air-line*	-
100+ x PEL	-	Air-line**	PAPR-P3

* - Negative pressure demand ** - Continuous flow

Explanation of Respirator Codes:

Class 1 low to medium absorption capacity filters.

Class 2 medium absorption capacity filters.

Class 3 high absorption capacity filters.

PAPR Powered Air Purifying Respirator (positive pressure) cartridge.

Type A for use against certain organic gases and vapors.

Type AX for use against low boiling point organic compounds (less than 65°C).

Type B for use against certain inorganic gases and other acid gases and vapors.

Type E for use against sulfur dioxide and other acid gases and vapors.

Type K for use against ammonia and organic ammonia derivatives

Class P1 intended for use against mechanically generated particulates of sizes most commonly encountered in industry, e.g. asbestos, silica.

Class P2 intended for use against both mechanically and thermally generated particulates, e.g. metal fume.

Class P3 intended for use against all particulates containing highly toxic materials, e.g. beryllium.

The local concentration of material, quantity and conditions of use determine the type of personal protective equipment

required.

Use appropriate NIOSH-certified respirator based on informed professional judgement. In conditions where no reasonable estimate of exposure can be made, assume the exposure is in a concentration IDLH and use NIOSH-certified full face pressure demand SCBA with a minimum service life of 30 minutes, or a combination full facepiece pressure demand SAR with auxiliary self-contained air supply. Respirators provided only for escape from IDLH atmospheres shall be NIOSH-certified for escape from the atmosphere in which they will be used.

ENGINEERING CONTROLS

■ General exhaust is adequate under normal operating conditions. Local exhaust ventilation may be required in specific circumstances. If risk of overexposure exists, wear an approved respirator. Correct fit is essential to obtain adequate protection. Provide adequate ventilation in warehouse or closed storage areas. Air contaminants generated in the workplace possess varying "escape" velocities which, in turn, determine the "capture velocities" of fresh circulating air required to effectively remove the contaminant.

Type of Contaminant:	Air Speed:
solvent, vapors, degreasing etc., evaporating from tank (in still air).	0.25-0.5 m/s (50-100 f/min)
aerosols, fumes from pouring operations, intermittent container filling, low speed conveyer transfers, welding, spray drift, plating acid fumes, pickling (released at low velocity into zone of active generation)	0.5-1 m/s (100-200 f/min.)
direct spray, spray painting in shallow booths, drum filling, conveyer loading, crusher dusts, gas discharge (active generation into zone of rapid air motion)	1-2.5 m/s (200-500 f/min.)
grinding, abrasive blasting, tumbling, high speed wheel generated dusts (released at high initial velocity into zone of very high rapid air motion).	2.5-10 m/s (500-2000 f/min.)

Within each range the appropriate value depends on:

Lower end of the range	Upper end of the range
1: Room air currents minimal or favorable to capture	1: Disturbing room air currents
2: Contaminants of low toxicity or of nuisance value only.	2: Contaminants of high toxicity
3: Intermittent, low production.	3: High production, heavy use
4: Large hood or large air mass in motion	4: Small hood-local control only

Simple theory shows that air velocity falls rapidly with distance away from the opening of a simple extraction pipe. Velocity generally decreases with the square of distance from the extraction point (in simple cases). Therefore the air speed at the extraction point should be adjusted, accordingly, after reference to distance from the contaminating source. The air velocity at the extraction fan, for example, should be a minimum of 1-2 m/s (200-400 f/min) for extraction of solvents generated in a tank 2 meters distant from the extraction point. Other mechanical considerations, producing performance deficits within the extraction apparatus, make it essential that theoretical air velocities are multiplied by factors of 10 or more when extraction systems are installed or used.

Section 9 - PHYSICAL AND CHEMICAL PROPERTIES

PHYSICAL PROPERTIES

Solid.

Mixes with water.

Contact with acids liberates very toxic gas.

State	Divided solid	Molecular Weight	295.28
Melting Range (°F)	296.6- 298.4	Boiling Range (°F)	Not available
Solubility in water (g/L)	Miscible	Flash Point (°F)	Not available
pH (1% solution)	Not available	Decomposition Temp (°F)	Not available.
pH (as supplied)	Not applicable	Autoignition Temp (°F)	Not available
Vapour Pressure (mmHG)	Negligible	Upper Explosive Limit (%)	Not available.
Specific Gravity (water=1)	Not available	Lower Explosive Limit (%)	Not available
Relative Vapor Density (air=1)	>1	Volatile Component (%vol)	Negligible
Evaporation Rate	Not applicable		

APPEARANCE

Crystalline solid; mixes with water, alcohol, acetone. Converted by alkalies to prulaurasin.

Section 10 - CHEMICAL STABILITY

CONDITIONS CONTRIBUTING TO INSTABILITY

-
- Presence of incompatible materials.
- Product is considered stable.
- Hazardous polymerization will not occur.

STORAGE INCOMPATIBILITY

- Avoid reaction with oxidizing agents.

For incompatible materials - refer to Section 7 - Handling and Storage.

Section 11 - TOXICOLOGICAL INFORMATION

prunasin

TOXICITY AND IRRITATION

■ No significant acute toxicological data identified in literature search.
Specific developmental abnormalities recorded.

Section 12 - ECOLOGICAL INFORMATION

Refer to data for ingredients, which follows:

PRUNASIN:

Ecotoxicity

Ingredient	Persistence: Water/Soil	Persistence: Air	Bioaccumulation	Mobility
prunasin	LOW		LOW	HIGH

Section 13 - DISPOSAL CONSIDERATIONS

US EPA Waste Number & Descriptions

A. General Product Information

Reactivity characteristic: use EPA hazardous waste number D003 (waste code R).

Disposal Instructions

All waste must be handled in accordance with local, state and federal regulations.

1

- Recycle wherever possible or consult manufacturer for recycling options.
- Consult Waste Management Authority for disposal.
- Bury or incinerate residue at an approved site.
- Recycle containers if possible, or dispose of in an authorized landfill.

Section 14 - TRANSPORTATION INFORMATION



DOT:

Symbols:	None	Hazard class or Division:	6.1
Identification Numbers:	UN2811	PG:	III
Label Codes:	6.1	Special provisions:	IB8, IP3, T1, TP33
Packaging: Exceptions:	153	Packaging: Non-bulk:	213
Packaging: Exceptions:	153	Quantity limitations: Passenger aircraft/rail:	100 kg
Quantity Limitations: Cargo aircraft only:	200 kg	Vessel stowage: Location:	A
Vessel stowage: Other:	None		

Hazardous materials descriptions and proper shipping names:

Toxic solids, organic, n.o.s.

Air Transport IATA:

ICAO/IATA Class:	6.1	ICAO/IATA Subrisk:	None
UN/ID Number:	2811	Packing Group:	III
Special provisions:	A3		

Shipping Name: TOXIC SOLID, ORGANIC, N.O.S. *(CONTAINS PRUNASIN)

Maritime Transport IMDG:

IMDG Class:	6.1	IMDG Subrisk:	None
UN Number:	2811	Packing Group:	III
EMS Number:	F-A,S-A	Special provisions:	223 274 944

Limited Quantities: 5 kg

Shipping Name: TOXIC SOLID, ORGANIC, N.O.S.(contains prunasin)

Section 15 - REGULATORY INFORMATION

prunasin (CAS: 99-18-3) is found on the following regulatory lists;

"US - Hawaii Air Contaminant Limits", "US - Oregon Permissible Exposure Limits (Z3)", "US OSHA Permissible Exposure Levels (PELs) - Table Z3"

Section 16 - OTHER INFORMATION

LIMITED EVIDENCE

- Inhalation skin contact and/or ingestion may produce health damage*.
 - Cumulative effects may result following exposure*.
- * (limited evidence).

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- Classification of the mixture and its individual components has drawn on official and authoritative sources as well as independent review by the Chemwatch Classification committee using available literature references.

A list of reference resources used to assist the committee may be found at:
www.chemwatch.net/references.

- The (M)SDS is a Hazard Communication tool and should be used to assist in the Risk Assessment. Many factors determine whether the reported Hazards are Risks in the workplace or other settings. Risks may be determined by reference to Exposures Scenarios. Scale of use, frequency of use and current or available engineering controls must be considered.

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